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Division of Health Care Financing
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TO: Medicaid Eligibility Management Handbook Holders
FROM: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

RE: Medicaid Eligibility Management Handbook Release 03-03
DATE: September 22, 2003

The Medicaid Eligibility Handbook is now online. No more paper releases will be sent. The address for the handbook is http://www.dhfs.state.wi.us/em/ma_handbook/index.htm. The changes noted in this cover sheet are incorporated into the online handbook. Anytime you access the online Medicaid Eligibility Handbook, it will reflect current policy. To be notified of MA Handbook releases by email, go to http://www.dhfs.state.wi.us/em/policy_notification/signup.htm, enter your email address and check the "Medicaid" box in the "notification listing" section.

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

Institutions Unit, Question 27

A Medicaid recipient is entitled to keep any overage, without restriction, when the cost of care amount is equal to, or more than the nursing home's Medicaid rate.

1.9.0, 40.2.0

The definition of "Public Institution" was moved from the section on Non-Financial General MA Requirements (40.0) to the section on Inmates in Residence (1.0.0)

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- 10.1.1.2 The provision that a conditional release be limited to one per calendar year was moved from the subsection on convalescent leave to the subsection on conditional release.
- 10.1.3 A new subsection was added to clarify the policy when certifying a minor applicant for MA who is an IMD inpatient.
- 10.8.0,10.9.0,10.10.0
10.11.0 A new subsection, currently in the IMM on nursing home contract provisions, was added. Nursing homes cannot require prospective residents to be on private pay status for a period of time before applying for MA.
- Nursing Home Refunds (formerly 10.8.0) was renumbered to 10.9.0. Liability Effective dates (formerly 10.9.0) was renumbered to 10.10.0. Institutions for Mental Disease (IMDS) formerly 10.10.0 was renumbered to 10.11.0.
- 11.5.1 The total value of the trust(s) principal increased from \$2,500 to \$3,000.
- 11.6.3, 11.6.4 The policies regarding Irrevocable Trusts and Special Needs Trust were clarified.
- 12.3.4 Medicare Managed Care was added to the list of insurance policies that an applicant may have and still be BadgerCare eligible.
- 12.4.0 Language was added to clarify the fact that a child under 19 who is the primary person is included in the BadgerCare test group.
- A note was added to specify that a stepparent living only with his/her stepchild is not eligible for BadgerCare.
- 14.5.0 A divestment penalty period is shortened when some of the originally divested amount is returned (with example).
- If another divestment occurs when a penalty period is in effect, another penalty must be calculated for the most recent divestment. The new penalty period does not begin until the existing period has expired (with example).
- Instructions were added to explain how to remove a divestment penalty.
- 14.7.0 An example was removed and a new example and language added to clarify the policy that divestment occurs at the point that an agreement is entered into when an asset is jointly owned and where the agreement has been established and the asset can't be liquidated without the agreement of all the owners.
- 14.13.0 Language was added to clarify an individual is considered to have established a trust if the assets of the individual are used to

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form all or part of the principal of the trust.

15.2.2

A text error in number 8 was corrected.

19.2.0, 19.2.1

The definition of a DAC was clarified in # 1. S/he must be at least 18 at the time the SSI was lost.

Clarification and examples were added to the DAC eligibility section for a DAC whose initial DAC payment puts the recipient over the SSI limit.

20.8.1

Community Based Residential Facility (CBRF), Adult Family/Foster Home (AFH), Residential Care Apartment Complex (RCAC), and all other community substitute care setting program costs (not including room and board expenses) are added to the list of remedial expenses under Countable Costs. Also language was added to clarify that these can be counted as remedial expenses as they are incurred.

23.4.0

For MA Spousal Impoverishment cases, any/all assets designated for burial purposes are exempt, if the amount is supported by documentation of the burial related costs or contracts.

25.9.0

Text was revised per Ops Memo 02-35 regarding eligibility determination and the certification process for children eligible for MA through the Katie Beckett program.

27.8.1

QMB benefits begin on the first of the month after the month in which the individual is determined to be eligible/confirmed in CARES. SLMB, SLMB+, and QDWI benefits begin on the first of the month in the month in which all eligibility requirements are met.

30.5.1

The EBD Maximum Personal Maintenance Allowance was increased from \$1,114.00 to \$1,656.00.

33.3.4

Clarification was added regarding to whom the HEC participation should be reported.

33.3.4.1

The client must provide a copy of the approval letter in order to receive MAPP.

33.4.1, 33.10.0

A listing of HEC Regional Screeners was added.

40.2.0

Under Non-Financial, No. 7, "cooperate with child support" has been changed to "cooperate with medical support liability" (with example).

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No. 10 added. Non-Financial requirement includes client not being an inmate of a public institution.

FORMS

DDES 919

Forms, the Medicaid Waiver Eligibility and Cost Sharing Worksheet (DDES 919) has been revised. It is online at <http://www.dhfs.state.wi.us/forms/DSL/DSL0919.pdf>.